

CERTIFICATE RENEWAL FORM
CITY OF WICHITA, KANSAS
OFFICE OF CENTRAL INSPECTION
316-268-4413

CERTIFICATION CLASSIFICATION:

ELECTRICIAN: Master _____ Journeyman _____ **ALARM SYSTEMS TECHNICIAN:** _____

Res. Wireman _____ **ELECTRICAL ELEVATOR MECHANIC:** _____

MECHANICAL: Master _____ Journeyman _____

PLUMBER: Master _____ Journeyman _____

DRAIN LAYER: Master _____ Journeyman _____

OTHER: _____

This application must be completed in its entirety and **attach a copy of your old certificate, continuing education documents with hours listed on them or the continuing education log sheet and the certification fee.** Return to: Office of Central Inspection, 7th Floor, 455 N. Main, Wichita, Kansas 67202.

Certification Fee: Certificate Fee: \$20.00 for each certificate
Certificates expire December 31st of each odd-number year.

Please Print or Type. Each blank on the application must be completed or designated "NA" if not applicable.

Name _____ Certificate # _____

Address _____
Number and Street City State Zip

Home Telephone # _____ Cell Telephone # _____

Email Address _____

I hereby certify that the documentation submitted with this application are true to the best of my knowledge and belief. I understand that any falsification of continuing education documents is justification for revocation or recall of a certificate.

Signature of Applicant: _____ Date: _____

DEPARTMENT RECORD

Date Received: _____ Approved: _____ Denied: _____